

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American College of Radiology Association PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00343459	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Majority Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2014</b>	
Mailing Address <b>135 Professional Drive, Suite 104</b>		Amount <b>54002.26</b>	
City <b>Ponte Vedra Beach</b>	State <b>FL</b>	Zip Code <b>32082</b>	Transaction ID : <b>D160152</b>
Purpose of Expenditure <b>Printed advertising for mailing</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 30 / 2014</b>	
Name of Federal Candidate <b>Sen. Pat Roberts</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>96874.08</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
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Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>54002.26</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>54002.26</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Richard Taxin MD

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 30 / 2014**

Signature